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APPLICANTS
 Jacques M. Dulin, Sequim, WA. *[Signature]*

** CONTINUING DATA *****
 This appln claims benefit of 60/423,539 11/04/2002 *[Signature]*

** FOREIGN APPLICATIONS *****
 NONE *[Signature]*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
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Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input checked="" type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>[Signature]</i> Examiner's Signature Initials	STATE OR COUNTRY WA	SHEETS DRAWING 3	TOTAL CLAIMS 21	INDEPENDENT CLAIMS 3
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ADDRESS
 Jacques M. Dulin, Esq.
 Innovation Law Group, Ltd.
 237 N. Sequim Avenue
 Sequim, WA
 98382

TITLE
 Oral hygiene system and method of treatment

FILING FEE RECEIVED 394	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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